

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 6      | 9-10-50 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | ✓    |
| 2     | ✓     | ✓        | ✓    |
| 3     | ✓     | ✓        | ✓    |
| 4     | ✓     | ✓        | ✓    |
| 5     | ✓     | ✓        | ✓    |
| 6     | ✓     | ✓        | ✓    |
| 7     | ✓     | ✓        | ✓    |
| 8     | ✓     | ✓        | ✓    |
| 9     | ✓     | ✓        | ✓    |
| 10    | ✓     | ✓        | ✓    |
| 11    | ✓     | ✓        | ✓    |
| 12    | ✓     | ✓        | ✓    |
| 13    | ✓     | ✓        | ✓    |
| 14    | ✓     | ✓        | ✓    |
| 15    | ✓     | ✓        | ✓    |
| 16    | ✓     | ✓        | ✓    |
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| 21    | ✓     | ✓        | ✓    |
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| 25    | ✓     | ✓        | ✓    |
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| 50    | ✓     | ✓        | ✓    |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

(LEFT INSIDE)